



EARLYBIRD SCHOOLS MEDICAL FORM

It is essential that the school has up to date information about your child's health and medical requirements. Please complete and return this form as soon as possible to the school secretary. Any changes should be communicated in writing to the school.

Name of the learner: _____ Grade: _____

Date of Birth: _____ Date of submission of this form: _____

Brothers/Sisters in the school: _____

Medical Insurance card (type and number): _____

Name of Parent/Guardian: _____

Parent/Guardian contact number: Home: _____

Office _____

Mobile: _____

Another useful contact: _____

In case of emergency please contact: _____

Child's Doctor: _____ Doctor's office Tel: _____

Doctor's mobile: _____

Please tick any of the following from which your child suffers:

Excema , Asthma , Sinusitis , Hay Fever , Diabetes , Heart Conditions , Epilepsy , Migraine , Mentally/Physically Challenged , Sickle cell trait , Eating disorder

Others- Please specify: _____

Please give details for any personal medication your child carries to school e.g. inhalers, insulin, Ritalin _____

Please give details of all allergies (e.g. food, medicines, antibiotics, nuts, bee stings etc.)

Please give below any hospitalization and operations that your child has undergone.

Medicine administered at school:

Please tick to indicate that you give permission for any of the following to be administered to your child at school. (Tablet/Syrup)/ Inhaler:

Paracetamol preparations e.g. Calpol/Panadol , Buscopan , Eno , Polycid/Actal ,

O.R.S (salts) , Cough syrup , Ventolin , Glucose , Lozenges , Brufen , Piriton ,

For external use only:

Visine eye drop , Betadine , Deep heat , Deep freeze , Anthisan cream , Burn cure Spirit , Opsite spray , N/Saline

Please give details of any other information concerning your child's past or present medical and or dietary history that might be useful for the school to know:

If you cannot be contacted in case of emergencies, do we have your consent to transport your child or use ambulance services to transport your child to a hospital? YES/NO

If yes, please indicate your preference:

Shalom Hospital

Bristol Park Hospital

Bishop Kioko Catholic Hospital

Bliss Machakos Medical Centre

Agakhan University Hospital

Other- Please specify: _____

I hereby certify that this child is physically fit to participate in all school sports and activities and on and off campus. In case of a negative answer, please specify the reason(s)

Full Name: _____

Signature of Parent/Legal Guardian: _____

PLEASE ADVISE THE SCHOOL OFFICE IN WRITING OF ANY CHANGES TO THIS INFORMATION.

NB: Any medical bill incurred (including transport) will be charged to the school fees.

